## FEC FORM 2 STATEMENT OF CANDIDACY

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|  |                             |                         |                    | 11 1 1 AM 7. EO                                       |  |
|--|-----------------------------|-------------------------|--------------------|---|--|
| 1. (a) Name of Candidate (in full) SHAWNA STERLII  | NG                          |                         | 2019               | JUN 1 F MIL F GO                                      |  |
| (b) Address (number and street) PO BOX 98  | ☐ Check if address changed  |                         | d                  | 2. FEC Candidate Identification Number                |  |
| (c) City, State, and ZIP Code <b>BROOKSVILLE</b>   | KY                          | 41004                   |                    | 3. Is This New Statement (N) OR (A)                   |  |
| 4. Party Affiliation REPUBLICAN PARTY  | 5. Office Sought<br>PRESIDI | ENTIAL                  | 6. State & Dis     | strict of Candidate                                   |  |
| DE   | SIGNATION                   | OF PRINCIPA             | L CAMPAIG          | N COMMITTEE   |  |
| 7. I hereby designate the following nan  | ned political comm          | nittee as my Principa   | al Campaign Com    |   |  |
| NOTE: This designation should be f   | led with the appro          | priate office listed in | the instructions.  | (year of election)                                    |  |
| (a) Name of Committee (in full)  |                             |                         |                    |   |  |
| SHAWNA STERLI  | NG 2016                     |                         |                    |   |  |
| (b) Address (number and street)  |                             | <u> </u>                |                    |   |  |
| PO BOX 98  |                             |                         |                    |   |  |
| (c) City, State, and ZIP Code  |                             | 44004                   |                    |   |  |
| BROOKSVILLE  | KY                          | 41004                   |                    |   |  |
| I hereby authorize the following name candidacy.  NOTE: This designation should be formula in the state of the state | ·                           |                         |                    | ommittee, to receive and expend funds on behalf of my |  |
| (a) Name of Committee (in full)  |                             | ·                       |                    | ·   |  |
|  |                             |                         |                    |   |  |
| (b) Address (number and street)  |                             |                         |                    |   |  |
| (c) City, State, and ZIP Code  |                             |                         |                    |   |  |
|  | nined this Statem           | ent and to the best of  | of my knowledge    | and belief it is true, correct and complete.          |  |
| Signature of Candidate   |                             |                         |                    | Date  |  |
| Showna :   | Itale                       | MI_                     |                    | Cd 6/2015   |  |
| NOTE: Submission of false, erroneous   | , or incomplete in          | ormation may subject    | ct the person sign | ning this Statement to penalties of 52 U.S.C. §30109. |  |
|  |                             |                         |                    |   |  |
| 9-00068  |                             |                         | L                  | FEC FORM 2 (REV. 02/2009                              |  |
|  |                             |                         |                    | FEC FURIN 2 (REV. U2/2009                             |  |

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P.O. Bey 98

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Washington , DC

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(3/2015)